Case 19-20358-CMB Doc 19-1 Filed 02/26/19 Entered 02/26/19 10:19:24 Desc schedules Page 1 of 49

Fill in this infor	mation to identify your	case:	.,	
Debtor 1	Jason L. Rankin			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT	OF PENNSYLVANIA	
Case number	19-20358			
(if known)	10 2000			☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	132,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	103,819.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	235,819.00
Paı	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	184,980.53
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	6,190.27
	Your total liabilities	\$	191,170.80
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,178.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,490.00
⊃aı	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
	■ Yes		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 19-20358-CMB Doc 19-1 Filed 02/26/19 Entered 02/26/19 10:19:24 Desc schedules Page 2 of 49

Debtor 1 Jason L. Rankin Case number (if known) 19-20358

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____8,289.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 10-20358-CMR Filed 02/26/10 Entered 02/26/10 10:10:2/

Cas	e 19-20336-CIVID DOI	schedules Page 3 of 49	02/20/19	10.13.24	Desc	
Fill in this infor	mation to identify your case and	this filing:				
Debtor 1	Jason L. Rankin					
Dobtor 2	First Name Mid	dle Name Last Name				
Debtor 2 (Spouse, if filing)	First Name Mid	dle Name Last Name				
United States Ba	inkruptcy Court for the: WESTER	N DISTRICT OF PENNSYLVANIA				
Case number	19-20358				Check if this is ar	
					amended filing	
_	orm 106A/B					
3chedul	e A/B: Property				12/15	
Part 1: Describe		Other Real Estate You Own or Have an Interest In				
. Do you own or I	have any legal or equitable interest in	any residence, building, land, or similar property?				
☐ No. Go to Par	t 2.					
Yes. Where i	s the property?					
1.1	ington Biko	What is the property? Check all that apply				
	ington Pike if available, or other description	Single-family home		educt secured claims or exemptions. Put unt of any secured claims on Schedule D:		
		Duplex or multi-unit building Condominium or cooperative	Creditors Who Have Claims Secure			
Avella	PA 15312-0000	☐ Manufactured or mobile home☐ Land	Current value		urrent value of the	
City	State ZIP Code	Land Investment property	entire proper \$132,	,000.00	ortion you own? \$132,000.00	
		☐ Timeshare	Describe the	nature of your	ownership interest	
		Other		simple, tenanc	y by the entireties, or	
		Who has an interest in the property? Check one Debtor 1 only	Fee Simple			
Washingt	on	Debtor 2 only	<u> </u>			
County		Debtor 1 and Debtor 2 only	— Chack if	this is commu	nity proporty	
		At least one of the debtors and another	(see instru		inty property	
		Other information you wish to add about this ite property identification number:	m, such as local	I		
		Debtor acquired the property by deed Market value determined by purchase				
		,	-			
2 Add 465 dell	ar value of the portion you awa	for all of your ontrine from Bort 4 including an	ontrios for			
		for all of your entries from Part 1, including any at number here			\$132,000.00	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debtor 1	Jason L. Rankir	1		Case number (if known)	19-20358
3. Cars, var	ns, trucks, tractors	, sport utility ve	hicles, motorcycles		
□ No					
_					
Yes					
3.1 Make	Chevrolet		Who has an interest in the property? Check one	Do not deduct se	cured claims or exemptions. Put
Mode	0!!		Debtor 1 only		y secured claims on Schedule D: ave Claims Secured by Property.
Year:	2018		☐ Debtor 2 only	Current value of	
Appro	ximate mileage:	35,000	Debtor 1 and Debtor 2 only	entire property?	
	information:		☐ At least one of the debtors and another		
	ition: 397 Washii Ia PA 15312	ngton Pike,	Check if this is community mysmatry	\$45,01	9.00 \$45,019.00
	e determined by	N.A.D.A.	☐ Check if this is community property (see instructions)		— • • • • • • • • • • • • • • • • • • •
listir	•				
Examples ■ No □ Yes	: Boats, trailers, mot	tors, personal wa	tercraft, fishing vessels, snowmobiles, motorcy	cle accessories	
			n for all of your entries from Part 2, includin that number here		\$45,019.00
6. Househo <i>Example</i>	ld goods and furni	ishings	terest in any of the following items? , china, kitchenware		Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No ■ Yes.	Describe				
	Si	ummary availa	old goods and furnishings able upon request /ashington Pike, Avella PA 15312		\$2,000.00
□ No	s: Televisions and r		eo, stereo, and digital equipment; computers, pr nedia players, games	rinters, scanners; music	collections; electronic devices
	Sı		able upon request /ashington Pike, Avella PA 15312		\$500.00
	les of value s: Antiques and figu other collections,		prints, or other artwork; books, pictures, or othe llectibles	er art objects; stamp, coir	n, or baseball card collections;
☐ Yes.	Describe				
	nt for sports and h s: Sports, photograp musical instrume	ohic, exercise, an	nd other hobby equipment; bicycles, pool tables	, golf clubs, skis; canoes	and kayaks; carpentry tools;

Case 19-20358-CMB Doc 19-1 Filed 02/26/19 Entered 02/26/19 10:19:24 Desc schedules Page 5 of 49

Debtor 1	Jason L. Rankin	Case number (if known)	19-20358
☐ Yes	. Describe		
10. Firear			
Exam ■ No	nples: Pistols, rifles, shotguns, ammunition, and related equipment		
	. Describe		
	es nples: Everyday clothes, furs, leather coats, designer wear, shoes, acce	essories	
□ No ■ Yes	. Describe		
- 163			
	clothing Location: 397 Washington Pike, Avella PA	15312	\$200.00
■ No	Iry nples: Everyday jewelry, costume jewelry, engagement rings, wedding r . Describe	ings, heirloom jewelry, watches, gems, ç	gold, silver
-	arm animals nples: Dogs, cats, birds, horses		
	. Describe		
■ No	other personal and household items you did not already list, included. Give specific information	ling any health aids you did not list	
	the dollar value of all of your entries from Part 3, including any en Part 3. Write that number here		\$2,700.00
Part 4: Do	escribe Your Financial Assets		
Do you o	wn or have any legal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	nples: Money you have in your wallet, in your home, in a safe deposit be	ox, and on hand when you file your petiti	on
Exam	sits of money nples: Checking, savings, or other financial accounts; certificates of dep institutions. If you have multiple accounts with the same institutio		houses, and other similar
□ No ■ Yes	Institution name:		
	17.1. Checking Account Washington F	Financial Bank	\$100.00
	s, mutual funds, or publicly traded stocks nples: Bond funds, investment accounts with brokerage firms, money m	parket accounts	
■ No	Institution or issuer name:	and account	
19. Non- p	publicly traded stock and interests in incorporated and unincorpor venture	ated businesses, including an interes	st in an LLC, partnership, and
■ No	Give specific information about them		
	Name of entity:	% of ownership:	_
Official For	rm 106A/B Schedule A/B: Prope	rty	page 3

Case 19-20358-CMB Doc 19-1 Filed 02/26/19 Entered 02/26/19 10:19:24 Desc schedules Page 6 of 49 Jason I. Rankin Case number (if known) 19-20358

	Jason L. Rank				9-20358
20.	Government and corpora	ate bonds and other ne	egotiable and non-negotiable inst	ruments	
	Negotiable instruments in	clude personal checks, o	cashiers' checks, promissory notes, transfer to someone by signing or o	and money orders.	
	☐ Yes. Give specific inform	nation about them			
	·	Issuer name:			
	□ No	A, ERISA, Keogh, 401(k)), 403(b), thrift savings accounts, or	other pension or profit-sharing plar	ns
	Yes. List each account s	separately. Type of account:	Institution name:		
		401(k)	Vanguard		
		. ,	Heritage Evironment	al SVS 401(k) plan	\$50,000.00
		deposits you have made	so that you may continue service ont, public utilities (electric, gas, wate	or use from a company er), telecommunications companies	, or others
	☐ Yes		Institution name or individ	dual:	
	`	a periodic payment of mo	oney to you, either for life or for a nu	umber of years)	
	■ No □ Yes Issu	er name and description			
		IRA. in an account in a	a qualified ABLE program, or und	ler a qualified state tuition progra	ım.
	26 U.S.C. §§ 530(b)(1), 52		- 		
	■ No □ Yes Insti	tution name and descript	tion. Separately file the records of a	any interests.11 U.S.C. § 521(c):	
25.	Trusts, equitable or futur	re interests in property	(other than anything listed in lin	e 1), and rights or powers exercis	sable for your benefit
	■ No				
	☐ Yes. Give specific inform				
			and other intellectual property ceeds from royalties and licensing a	greements	
	☐ Yes. Give specific inform	mation about them			
	_ ′ ′ ′ ′		i bles poperative association holdings, liqu	uor licenses, professional licenses	
	■ No□ Yes. Give specific inform	mation about them			
Мс	oney or property owed to	you?			Current value of the
					portion you own? Do not deduct secured claims or exemptions.
	Tax refunds owed to you ☐ No	ı			
	■ Yes. Give specific inform	nation about them, includ	ding whether you already filed the re	eturns and the tax years	

De	ebtor 1	Jason L. Rankin	scriedules	Page 7 01 49	Case number (if known)	19-20358
	_	Give specific information				10 20000
30.		amounts someone owes you ples: Unpaid wages, disability insura benefits; unpaid loans you ma		nefits, sick pay, vacation	on pay, workers' compe	nsation, Social Security
		Give specific information				
31.		sts in insurance policies ples: Health, disability, or life insural	nce; health savings account	(HSA); credit, homeov	vner's, or renter's insurar	nce
		Name the insurance company of ea Company na		Benefici	ary:	Surrender or refund value:
32.	If you somed	aterest in property that is due you are the beneficiary of a living trust, one has died. Give specific information			ecurrently entitled to rec	eive property because
33.	Exam _i ■ No	s against third parties, whether or uples: Accidents, employment disputed. Describe each claim			I for payment	
34.	■ No	contingent and unliquidated claim Describe each claim	ns of every nature, includir	ng counterclaims of t	he debtor and rights to	o set off claims
35.	■ No	nancial assets you did not already . Give specific information	y list			
36		the dollar value of all of your entr art 4. Write that number here			you have attached	\$56,100.00
Pa	rt 5: De	escribe Any Business-Related Propert	y You Own or Have an Interest	In. List any real estate	in Part 1.	
-	No. Go	own or have any legal or equitable into	erest in any business-related p	property?		
	→ Yes. (Go to line 38.				
Pa		escribe Any Farm- and Commercial Fis you own or have an interest in farmland, l		n or Have an Interest I	1.	
46.	■ No.	u own or have any legal or equital . Go to Part 7. s. Go to line 47.	ble interest in any farm- or	commercial fishing-	related property?	
Pa	rt 7:	Describe All Property You Own or H	Have an Interest in That You Di	d Not List Above		
53.		u have other property of any kind ples: Season tickets, country club m				
		Give specific information				
54	. Add	the dollar value of all of your entr	ies from Part 7. Write that r	number here		\$0.00

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) 19-20358 Debtor 1 Jason L. Rankin Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$132,000.00 Part 2: Total vehicles, line 5 56. \$45,019.00 Part 3: Total personal and household items, line 15 57. \$2,700.00 Part 4: Total financial assets, line 36 58. \$56,100.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total 62. \$103,819.00 \$103,819.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$235,819.00

Official Form 106A/B Schedule A/B: Property page 6

Case 19-20358-CMB Doc 19-1 Filed 02/26/19 Entered 02/26/19 10:19:24 Desc schedules Page 9 of 49

Fill in this information to identify your case:						
Debtor 1	Jason L. Rankin					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		WESTERN DISTRICT (OF PENNSYLVANIA			
Case number	19-20358					
(if known)	10 2000				Check if this is an amended filing	

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)				
	■ You are claiming federal exemptions. 11	J.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.				
	2018 Chevrolet Silverado 35,000 miles	\$45,019.00		\$3,775.00	11 U.S.C. § 522(d)(2)			
	Location: 397 Washington Pike, Avella PA 15312 Value determined by N.A.D.A. listing Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit				
	2018 Chevrolet Silverado 35,000 miles	\$45,019.00		\$437.47	11 U.S.C. § 522(d)(5)			
	Location: 397 Washington Pike, Avella PA 15312 Value determined by N.A.D.A. listing Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit				
	Normal household goods and	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)			
	furnishings Summary available upon request Location: 397 Washington Pike.			100% of fair market value, up to any applicable statutory limit				

Official Form 106C

Avella PA 15312 Line from Schedule A/B: 6.1

Avella PA 15312

Line from Schedule A/B: 7.1

Electronics

\$500.00

Summary available upon request Location: 397 Washington Pike,

11 U.S.C. § 522(d)(3)

\$500.00

100% of fair market value, up to

any applicable statutory limit

Case 19-20358-CMB Doc 19-1 Filed 02/26/19 Entered 02/26/19 10:19:24 Desc schedules Page 10 of 49

De	Jason L. Rankin			Case number (if known)	19-20358
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	clothing Location: 397 Washington Pike,	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)
	Avella PA 15312 Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
	Checking Account: Washington Financial Bank	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	401(k): Vanguard Heritage Evironmental SVS 401(k)	\$50,000.00		\$50,000.00	11 U.S.C. § 522(d)(12)
	plan Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
	Federal refund: 2018 Tax Refund Line from Schedule A/B: 28.1	\$6,000.00		\$6,000.00	11 U.S.C. § 522(d)(5)
	Line Horr Schedule AVD. 20.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustmer	nt.)
	No				
	☐ Yes. Did you acquire the property covere	ed by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

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	schedules Page 11	of 49		
Fill in this information to identify you	ur case:			
Debtor 1 Jason L. Rankii	•			
Debtor 1 Jason L. Rankii First Name	Middle Name Last Name		-	
Debtor 2				
(Spouse if, filing) First Name	Middle Name Last Name		-	
United States Bankruptcy Court for the	: WESTERN DISTRICT OF PENNSYLVANIA			
Officed States Barikrupicy Court for the	WESTERN DISTRICT OF TENNOTEVARIA		-	
Case number 19-20358				
(if known)			☐ Check	if this is an
			amend	led filing
000				
Official Form 106D				
Schedule D: Creditors	Who Have Claims Secure	d by Propert	У	12/15
	If two married people are filing together, both are ed out, number the entries, and attach it to this form. O			
number (if known).	,		, , ,	
1. Do any creditors have claims secured b	y your property?			
☐ No. Check this box and submit t	his form to the court with your other schedules. Y	ou have nothing else	to report on this form.	
Yes. Fill in all of the information	helow			
	bolow.			
Part 1: List All Secured Claims		Column A	Column B	Column C
	more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As	/ Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabeti		Do not deduct the	that supports this	portion
O. 4. Conital One Auto Finance	Describe the successful hat account the plains	value of collateral.	claim	If any
2.1 Capital One Auto Finance Creditor's Name	Describe the property that secures the claim:	\$40,806.53	\$45,019.00	\$0.00
orealter of Hame	2018 Chevrolet Silverado Monthly payment \$797.34			
	Monthly payment \$7.57.54			
Po Box 259407	As of the date you file, the claim is: Check all that			
Plano, TX 75025	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or see	cured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset) Security A	greement		
community debt				
Opened				
02/18 Last				
Active	4004			
Date debt was incurred 12/06/18	Last 4 digits of account number 1001			
2.2 Flagstar Bank	Describe the property that secures the claim:	\$144,174.00	\$132,000.00	\$12,174.00
Creditor's Name	397 Washington Pike Avella, PA			
	15312 Washington County Debtor acquired the property by			
	deed in Novemeber 2017.			
	Monthly payment \$890.00 Arrears			
	\$20,000.00			
5151 Corporate Drive	As of the date you file, the claim is: Check all that apply.			
Troy, MI 48098	□ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or see	cured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			

Official Form 106D

Case 19-20358-CMB Doc 19-1 Filed 02/26/19 Entered 02/26/19 10:19:24 Desc schedules Page 12 of 49

Debto					Case number (if known)	19-20358
	First Name	Middle Na	me Last Name			
■ At	least one of the deb	tors and another	☐ Judgment lien from a lawsuit			
	eck if this claim re ommunity debt	lates to a	Other (including a right to offset)	Mortgage		
Date o	lebt was incurred	Opened 11/17 Last Active 1/18/18	Last 4 digits of account num	aber <u>8331</u>		
Add	the dollar value of	your entries in Co	olumn A on this page. Write that nun	nber here:	\$184,980	0.53
	is is the last page of that number here		he dollar value totals from all pages		\$184,980	0.53
Part 2	List Others to	o Be Notified for	a Debt That You Already Listed	i		
trying than c	to collect from you	u for a debt you ov , of the debts that	ve to someone else, list the creditor you listed in Part 1, list the addition	in Part 1, and	then list the collection age	For example, if a collection agency is ency here. Similarly, if you have more tional persons to be notified for any
	Name, Number, St Capital One A	reet, City, State & Z uto Finance	ip Code	On wh	ich line in Part 1 did you ent	er the creditor? 2.1
	Attn: Bankrup Po Box 30285 Salt Lake City			Last 4	digits of account number	_
$\overline{\Box}$						
	Name, Number, St Flagstar Bank	reet, City, State & Z	ip Code	On wh	ich line in Part 1 did you ent	er the creditor? 2.2
	Attn: Bankrup 5151 Corpora Troy, MI 4809	te Drive		Last 4	digits of account number	-

Case 19-20358-CMB Doc 19-1 Filed 02/26/19 Entered 02/26/19 10:19:24 Desc schedules Page 13 of 49

		schedul	les Page 13 of 4	9			
Fill in this i	information to identify your case:						
Debtor 1	Jason L. Rankin						
Booto, i	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing	g) First Name	Middle Name	Last Name				
United State	es Bankruptcy Court for the: WE	STERN DISTRICT	OF PENNSYLVANIA				
Case numb	er 19-20358						
(if known)	19-20336				П	Check	if this is an
					_		ed filing
O#: : 15	- 400E/E						
	Form 106E/F						4044=
Schedu	le E/F: Creditors Who	Have Unsecu	ured Claims				12/15
Schedule D: (left. Attach th	Executory Contracts and Unexpired L Creditors Who Have Claims Secured Is the Continuation Page to this page. If y se number (if known).	by Property. If more sp	pace is needed, copy the Part	you need, fill it out, i	number the e	ntries in	the boxes on the
Part 1: L	ist All of Your PRIORITY Unsecu	red Claims					
	creditors have priority unsecured claim	ns against you?					
☐ No. G	Go to Part 2.						
Yes.							
identify w possible,	of your priority unsecured claims. If a what type of claim it is. If a claim has both list the claims in alphabetical order according than one creditor holds a particula	n priority and nonpriority ording to the creditor's r	y amounts, list that claim here a name. If you have more than tw	nd show both priority a	nd nonpriority	amount	s. As much as
(For an e	explanation of each type of claim, see the	instructions for this fo	rm in the instruction booklet.)				
				Total claim	Priority amount		Nonpriority amount
2.1 Ch	rissy Keating	Last 4 digits o	f account number	\$0.00		\$0.00	\$0.00
	rity Creditor's Name				-		
	Jeffforee Boulger rgettstown, PA 15021	wnen was the	debt incurred?		-		
	nber Street City State Zlp Code	As of the date	you file, the claim is: Check a	all that apply			
Who in	curred the debt? Check one.	☐ Contingent					
■ Deb	otor 1 only	☐ Unliquidated	d				
☐ Deb	otor 2 only	☐ Disputed					
☐ Deb	otor 1 and Debtor 2 only	Type of PRIOF	RITY unsecured claim:				
_	east one of the debtors and another	■ Domestic s	upport obligations				
☐ Che	eck if this claim is for a community de	ebt 🔲 Taxes and	certain other debts you owe the	government			
Is the c	claim subject to offset?		leath or personal injury while yo	•			
■ No		Other. Spec	cify				
☐ Yes		•	Child Support				
Part 2: L	ist All of Your NONPRIORITY Un	secured Claims					
	creditors have nonpriority unsecured						
_	ou have nothing to report in this part. Su		ourt with your other schedules				
	as have nothing to report in the part. Of	and form to the oc	your outor sorroudles.				
Yes.							

Total claim

Part 2.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of

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schedules Page 14 of 49 Debtor 1 Jason L. Rankin Case number (if known) 19-20358 Allens Feed & Supply LLC & Shasta \$2,467.27 4.1 Last 4 digits of account number Nonpriority Creditor's Name 2 Wabash Avenue When was the debt incurred? Hickory, PA 15340 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Animal Feed** Other. Specify 4.2 Associated Credit Services, LLC Last 4 digits of account number 4414 \$238.00 Nonpriority Creditor's Name Po Box 5171 When was the debt incurred? **Opened 07/18** Westboro, MA 01581 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney West Penn Power ☐ Yes Other. Specify Company 4.3 Capital One Last 4 digits of account number 9746 \$269.00 Nonpriority Creditor's Name Opened 03/18 Last Active 15000 Capital One Dr When was the debt incurred? 6/18/18 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacktriangled Debts to pension or profit-sharing plans, and other similar debts

Official Form 106 E/F

☐ Yes

Other. Specify

Credit Card used for household expenses,

clothing, food, gasoline, and utilities

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schedules Page 15 of 49 Debtor 1 Jason L. Rankin Case number (if known) 19-20358 4.4 Last 4 digits of account number \$521.00 Convergent 2025 Nonpriority Creditor's Name PO Box 9004 When was the debt incurred? Renton, WA 98057-9004 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Unsecured ☐ Yes 4.5 \$327.00 Dish Last 4 digits of account number 4063 Nonpriority Creditor's Name PO Box 94063 When was the debt incurred? Palatine, IL 60094-4063 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Satellite Service Other. Specify Jefferson Capital Systems, LLC 4.6 Last 4 digits of account number 2003 \$368.00 Nonpriority Creditor's Name 16 Mcleland Rd When was the debt incurred? **Opened 04/18** Saint Cloud, MN 56303 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Wireless

Debts to pension or profit-sharing plans, and other similar debts

Factoring Company Account Verizon

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Debtor 1	Jason L. I	Rankin		Case n	number (if known)	19-20358				
	West Penn l		Last 4 digits of account num	ber <u>085</u> 3	3	_	\$2,000.00			
	Nonpriority Cred 5001 NASA	Blvd	When was the debt incurred	? 2018	3-2019					
	Fairmont, W Number Street (V 26554 City State Zlp Code	As of the date you file, the cl	aim is: Chec	k all that apply					
		he debt? Check one.	7.0 0. 11.0 44.0 704 11.0, 11.0 0.	u 101 01100	in that apply					
	■ Debtor 1 only	V	☐ Contingent							
	Debtor 2 only	•	☐ Unliquidated							
	Debtor 1 and		☐ Disputed							
	_	of the debtors and another	Type of NONPRIORITY unser	cured claim:	:					
		s claim is for a community	☐ Student loans							
	debt	o olami io ioi a oominamiy	☐ Obligations arising out of a separation agreement or divorce that you did not							
ı	Is the claim sul	bject to offset?	report as priority claims							
	No		☐ Debts to pension or profit-s		and other similar de	ebts				
I	☐ Yes		Other. Specify Utility B	Bill						
Part 3:	List Others	to Be Notified About a De	ebt That You Already Listed							
is trying have m	g to collect from	m you for a debt you owe to s	about your bankruptcy, for a debt t omeone else, list the original credit at you listed in Parts 1 or 2, list the or submit this page.	or in Parts 1	or 2, then list the	collection agency h	ere. Similarly, if you			
	d Address		On which entry in Part 1 or Part 2 did							
	ated Credit	Services, LLC	Line 4.2 of (Check one):			rity Unsecured Claims				
115 Fla 5171	inders Road	I, Ste 140; Po Box		Part 2:	Creditors with Nonp	priority Unsecured Cl	aims			
Westbo	orough, MA	01581	Last 4 digits of account number							
Name and	d Address		On which entry in Part 1 or Part 2 did	d vou list the	original creditor?					
Capital	One		Line 4.3 of (Check one):		_	rity Unsecured Claims	3			
	ankruptcy			Part 2:	Creditors with Non	priority Unsecured Cla	aims			
Po Box	ke City, UT	84130								
J uii L u			Last 4 digits of account number							
	d Address		On which entry in Part 1 or Part 2 did	you list the	original creditor?					
Jeffers Po Box		Systems, LLC	Line 4.6 of (<i>Check one</i>):			rity Unsecured Claims				
	cloud, MN 56	6302		Part 2:	Creditors with Nonr	priority Unsecured Cla	aims			
			Last 4 digits of account number							
Name and	d Address		On which entry in Part 1 or Part 2 did	l vou list the	original creditor?					
	enn Power		Line 4.7 of (Check one):			rity Unsecured Claims	3			
PO Box						priority Unsecured Cla				
Akron,	OH 44309-3	3687	Last 4 digits of account number							
Part 4:	Add the An	nounts for Each Type of U	nsecured Claim							
6. Total th	ne amounts of	certain types of unsecured cla	nims. This information is for statisti	cal reporting	g purposes only. 2	8 U.S.C. §159. Add t	he amounts for each			
type of	unsecured cla	im.								
	0-	Damastia amasat ahlimetian	_	0-		I Claim				
To	6a. otal	Domestic support obligation	is .	6a.	\$	0.00				
clai	ims	Tanas and santain athen deb		Ch	•					
from Pa	rt 1 6b. 6c.	Taxes and certain other deb	ts you owe the government I injury while you were intoxicated	6b. 6c.	\$ \$	0.00				
	6d.	•	secured claims. Write that amount he		\$	0.00				
		, ,			Ť	0.00	_			
	6e.	Total Priority. Add lines 6a th	rough 6d.	6e.	\$	0.00				
		-			· —					
	~	Of and and In a second		~		l Claim				
	6f.	Student loans		6f.	\$					

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Case number (if known)

Debtor 1 Jason L. Rankin 19-20358

Total				 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		2.22
	- 3	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 6,190.27
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 6,190.27

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Fill in this infor	ill in this information to identify your case:							
Debtor 1	Jason L. Rankin							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		WESTERN DISTRICT OF PENNSYLVANIA						
Case number	19-20358							
(if known)				☐ Check if this is a amended filing				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Ony		Olato	211 0000	
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	<u> </u>		<u> </u>		
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	- City		Ciaio	211 0000	
-	Name				_
	Number	Street			_
	City		State	ZIP Code	

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		schedul	ies Page 19 of	49	
Fill in this	information to identify your	case:			
Debtor 1	Jason L. Rankin				
Deptor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	WESTERN DISTRICT (OF PENNSYLVANIA		
Case numb	per 19-20358				Charle if their in an
(ii kiiowii)					☐ Check if this is an amended filing
					ag
Official	Form 106H				
	ule H: Your Cod	obtore			40/45
Scried	ule n. Toul Cou	enroi 2			12/15
■ No □ Yes 2. With Arizona ■ No. □ Yes. 3. In Column line	2 again as a codebtor only i	I lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran	roperty state or territor lerto Rico, Texas, Wash e with you at the time? r spouse as a codebtor litor or cosigner. Make	y? (Community property stington, and Wisconsin.) if your spouse is filing was the construction of the con	tates and territories include with you. List the person shown creditor on Schedule D (Official hedule E/F, or Schedule G to fill
	olumn 2.	7 01111 1002/1), 01 001100	ale o (omolar rom re	ooj. ood oonedale 2, oo	nedule E/1 , or concedule c to mi
	Column 1: Your codebtor			Column 2: The credit	or to whom you owe the debt
N	lame, Number, Street, City, State and Zl	P Code		Check all schedules t	hat apply:
3.1				☐ Schedule D, line	
	Name			_ ☐ Schedule E/F, line	
				☐ Schedule G, line	
_	described and the second				
	Number Street City	State	ZIP Code		
	•				
3.2	Name			Schedule D, line	
IN	vario			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street	Otata	710.0		
C	City	State	ZIP Code		

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Fill	in this information to	identify your ca	ase:								
Deb	otor 1	Jason L. Ra	nkin			_					
	otor 2 buse, if filing)					_					
Uni	ted States Bankrupt	cy Court for the	: WESTERN DISTRICT	OF PENNSYLVANI	A						
Cas	se number 19-2	20358					Check i	if this is:			
(If kr	nown)						☐ An	amende	d filing		
										g postpetition ollowing date	
0	fficial Form	<u> 1061</u>					MM	1 / DD/ Y	YYY		
S	chedule I: \	Your Inc	ome								12/15
		Employment	On the top of any additi	Debtor 1	a nume	, unu c		·	·	ling spouse	чисопоп
	If you have more t	han one ioh		■ Employed				☐ Emplo	ved		
	attach a separate information about	page with	Employment status	☐ Not employed				□ Not er	•		
	employers.		Occupation	Services Super	visor						
	Include part-time, self-employed wor		Employer's name	Heritage Enviro	nmenta	al Svcs	s				
	Occupation may ir or homemaker, if i		Employer's address	PO Box 68123 Indianapolis, IN	I 46268						
			How long employed t	here? 7 Years	5						
Par	t 2: Give Det	ails About Mor	nthly Income								
spou	use unless you are s	separated.	ate you file this form. If	_						-	
	e space, attach a se		ore than one employer, co this form.	ombine the information	in ioi ali e						you need
						۲	or Debto	of 1		otor 2 or ng spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$_	8,2	89.00	\$	N/A	-
3.	Estimate and list	monthly overt	ime pay.		3.	+\$_		0.00	+\$	N/A	- 1
4.	Calculate gross I	ncome. Add lir	ne 2 + line 3.		4.	\$	8 289	00	\$	N/A	

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Debt	tor 1	Jason L. Rankin	_	(Case number (if knowr	7)	19-20	358		
					For Debtor 1			Debtor		
	Con	y line 4 here	4.		\$ 8,289.00	_	\$	illing s	pouse N/A	
	ООР	y line 4 nere	٦.		Φ0,209.00	_	Ψ		IN/A	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ā.	\$ 2,161.00	0	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b).	\$ 0.00		\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50) .	\$ 580.00	_	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50	d.	\$ 363.00	0	\$		N/A	_
	5e.	Insurance	5e	€.	\$ 603.00	0	\$		N/A	-
	5f.	Domestic support obligations	5f		\$ 404.00	0_	\$		N/A	_
	5g.	Union dues	50		\$0.00	_	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h	1.+	\$0.00	0 +	+ \$		N/A	<u></u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 4,111.00	0_	\$		N/A	<u>-</u>
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 4,178.00	0_	\$		N/A	<u>-</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	88	ā.	\$ 0.00	0	\$		N/A	
	8b.	Interest and dividends	8b).	\$ 0.00	0	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			•		•			_
	0.1	settlement, and property settlement.	80		\$ 0.00	_	\$		N/A	_
	8d.	Unemployment compensation	80		\$ 0.00 \$ 0.00		\$		N/A	
	8e. 8f.	Social Security Other government assistance that you regularly receive	8€	.	\$0.00	_	Φ		N/A	_
	Oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0.00	n	\$		N/A	
	8g.	Pension or retirement income	— 8ე		\$ 0.00		\$—		N/A	_
	8h.	Other monthly income. Specify:		۰. ۱.+	\$ 0.00		· —		N/A	_
							<u> </u>			_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	0.00	0	\$		N/	A
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	4,178.00 +	\$		N/A	= \$	4,178.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			4,170.00			14/		4,170.00
11.	Incluothe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your r friends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not scify:	depe		•			chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12.	\$	4,178.00
								ı	Combi	ned ly income
13.	Do y	you expect an increase or decrease within the year after you file this form	?						month	iy iiicoille
		No.								
		Yes Explain:								

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Fill	in this informat	tion to identify yo	our case:			ı		
Deb		Jason L. Rar				Chec	ck if this is:	
Deb	tor 2					_	An amended filing	wing postpetition chapter
	ouse, if filing)						13 expenses as of	
Unit	ed States Bankr	uptcy Court for the	: WESTE	ERN DISTRICT OF PEN	NNSYLVANIA	-	MM / DD / YYYY	
	e number 19	-20358						
Of	fficial Fo	rm 106J						
		J: Your	Exper	nses				12/15
Be a	as complete a	and accurate as	possible eded, atta	. If two married people ch another sheet to th				
Par		ibe Your House	hold					
1.	Is this a join No. Go to							
			in a separ	ate household?				
	□ No	-						
			st file Offici	al Form 106J-2, <i>Expen</i>	ses for Separate Hous	ehold of Deb	tor 2.	
2.	•	e dependents?	☐ No					
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent			Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents i	names.			Daughter		7 Years	■ Yes □ No
								☐ Yes
								□ No
								Yes
								□ No
3.	Do vour exp	enses include	_	Ne			_	☐ Yes
	expenses of	people other to your depende	han $_{oldsymbol{\sqcap}}$	No Yes				
exp	imate your ex		our bankr	uptcy filing date unles				apter 13 case to report f the form and fill in the
the		assistance an		government assistand cluded it on <i>Schedule</i>			Your exp	enses
4.		r home owners d any rent for the		ses for your residenc	e. Include first mortgag	e 4. \$	3	0.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. \$	3	0.00
		ty, homeowner's	s, or renter	's insurance		4b. \$		0.00
			•	pkeep expenses		4c. \$		100.00
5.		owner's associat nortgage pavme		dominium dues our residence, such as	home equity loans	4d. \$ 5. \$		0.00
		יוויליאל הפייפייי			squity lourio	σ. ψ		0.00

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Debt	or 1 Jason L	Rankin	Case num	ber (if known)	19-20358
6.	Utilities:				
		, heat, natural gas	6a.	\$	450.00
	•	ewer, garbage collection	6b.	· -	20.00
		e, cell phone, Internet, satellite, and cable services	6c.	·	100.00
	6d. Other. Sp		6d.		
				·	0.00
		sekeeping supplies	7.	·	750.00
		children's education costs	8.	\$	0.00
		dry, and dry cleaning	9.	\$	150.00
0.	Personal care p	products and services	10.	\$	180.00
1.	Medical and de	ental expenses	11.	\$	100.00
		. Include gas, maintenance, bus or train fare.		•	210.00
	Do not include c	1 /	12.	·	310.00
		clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
4.	Charitable cont	tributions and religious donations	14.	\$	20.00
5.	Insurance.				
	Do not include in	nsurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insura	ance	15a.	\$	0.00
	15b. Health ins	surance	15b.	\$	0.00
	15c. Vehicle in	nsurance	15c.	\$	100.00
	15d. Other insu		15d.		0.00
		nclude taxes deducted from your pay or included in lines 4 or 20.		·	0.00
	Specify:		16.	\$	0.00
		lease payments:		-	0.00
		nents for Vehicle 1	17a.	\$	0.00
		nents for Vehicle 2	17a. 17b.	·	0.00
			17b. 17c.	·	
	17c. Other. Sp	-		·	0.00
	17d. Other. Sp	· · · · · · · · · · · · · · · · · · ·	17d.	>	0.00
		s of alimony, maintenance, and support that you did not repo		\$	0.00
		your pay on line 5, Schedule I, Your Income (Official Form 1	1001).		
		s you make to support others who do not live with you.	40	\$	0.00
	Specify:	anticompany and included in the confine this f	19.		
		perty expenses not included in lines 4 or 5 of this form or on			0.00
		es on other property	20a.	·	0.00
	20b. Real esta		20b.	·	0.00
		homeowner's, or renter's insurance	20c.		0.00
		nce, repair, and upkeep expenses	20d.		0.00
	20e. Homeown	ner's association or condominium dues	20e.	\$	0.00
1.	Other: Specify:	Tobacco	21.	+\$	60.00
				·	
	-	monthly expenses			
	22a. Add lines 4	•		\$	2,490.00
	22b. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 10	6J-2	\$	
	22c. Add line 22	2a and 22b. The result is your monthly expenses.		\$	2,490.00
		and the state of t			2,400.00
<u>2</u> 3.	Calculate your	monthly net income.			_
	23a. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	4,178.00
	23b. Copy you	r monthly expenses from line 22c above.	23b.	-\$	2,490.00
		•			,
	23c. Subtract v	your monthly expenses from your monthly income.			
		t is your monthly net income.	23c.	\$	1,688.00
	Do you expect	an increase or decrease in your expenses within the year at			
					acc or docroses because of a
	For example, do ye	ou expect to finish paying for your car loan within the year or do you expe	ect your mortgage p	payment to incre	ase of decrease because of a
	For example, do yo modification to the	ou expect to linish paying for your car loan within the year or do you expe e terms of your mortgage?	ect your mortgage	payment to incre	ease of decrease because of a
	For example, do ye		ect your mortgage	payment to incre	ease of decrease because of a

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Fill in this	information to identify your	case:		
Debtor 1	Jason L. Rankin			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filin	ng) First Name	Middle Name	Last Name	
United Stat	tes Bankruptcy Court for the:	WESTERN DISTRIC	T OF PENNSYLVANIA	
Case numb	per 19-20358			
(if known)				☐ Check if this is an
				amended filing
Official I	Form 106Dec			
		مريام الريام مراحم	d Dabtarla Caba	dulaa
Decia	ration About a	n inaiviauz	al Debtor's Sche	equies 12/15
f two marri	ied neonle are filing together	hoth are equally resu	consible for supplying correct	information
			,	
				king a false statement, concealing property, or les up to \$250,000, or imprisonment for up to 20
	oth. 18 U.S.C. §§ 152, 1341, 1		iliki upicy case can result ili ili	les up to \$250,000, or imprisonment for up to 20
,		,		
	Sign Below			
Did		ana wha ia NOT an att	armay to halo you fill ant hank	winter forms?
Dia ye	ou pay or agree to pay some	one who is NOT an att	orney to help you fill out bank	ruptcy forms?
■ N	No			
ПУ	Yes. Name of person			Attach Bankruptcy Petition Preparer's Notice,
				Declaration, and Signature (Official Form 119)
Under	penalty of periury. I declare	that I have read the su	mmary and schedules filed wi	th this declaration and
	ney are true and correct.			
X /s	/ Jason L. Rankin		Х	
	ason L. Rankin		Signature of Deb	tor 2
	gnature of Debtor 1		2.g 3 61 2 60	··
5	-t- E.I		Data	
Da	ate February 20, 2019		Date	

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Fill in	this information to	identify you	r case:						
Debto		n L. Rankin							
Debto	First Na	ame	Middle Name	Last Name					
	e if, filing) First Na	ame	Middle Name	Last Name					
United	d States Bankruptcy	Court for the:	WESTERN DISTRICT OF	PENNSYLVANIA					
Case i	number 19-2035	8							
(if knowr					_	Check if this is an			
					a	mended filing			
O.(;;									
	cial Form 10								
Stat	ement of Fi	nancial	Affairs for Individ	duals Filing for B	ankruptcy	4/16			
					equally responsible for sup y additional pages, write you				
	er (if known). Answ			unis form. On the top of an	y additional pages, write you	ii iiailie aliu case			
Part 1	Give Details A	bout Your Ma	arital Status and Where You	Lived Before					
1. W	/hat is your current	marital stati	167						
	_	. maritar stati							
	Married Not married								
	Not married								
2. D	uring the last 3 yea	ırs, have you	lived anywhere other than	where you live now?					
] No								
	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
D	Debtor 1 Prior Addr	1 Prior Address:		Debtor 2 Prior Ad	dress:	Dates Debtor 2			
1	2 Peterson Stree	2 †	lived there From-To:	☐ Same as Debtor 1		lived there ☐ Same as Debtor 1			
	Avella, PA 15312		2016-2017	☐ Same as Debior	I	From-To:			
2 14/	likhin tha laat 0		live viide a amavea an lac			2 (
					ity property state or territory ico, Texas, Washington and W				
	No								
	_	you fill out Sc	hedule H: Your Codebtors (Of	fficial Form 106H).					
			·	,					
Part 2	Explain the So	urces of You	ır Income						
					ear or the two previous cale	ndar years?			
			ou received from all jobs and a have income that you receive						
Г	l No								
	Yes. Fill in the de	etails							
	1 00.1	otano.	5 14 4		D.I.				
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income			
			Check all that apply.	(before deductions and	Check all that apply.	(before deductions			
				exclusions)		and exclusions)			
	January 1 of curre ate you filed for bar		■ Wages, commissions,	\$8,551.00	☐ Wages, commissions,				
40	you mou to: bai	apioj.	bonuses, tips		bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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					Debtor 1			Debtor 2					
					Sources of income Check all that apply.	(bef	ss income ore deductions and usions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)			
			dar year: December	31, 2018)	■ Wages, commission bonuses, tips	S,	\$104,626.00	☐ Wages, combonuses, tips	☐ Wages, commissions, bonuses, tips				
					☐ Operating a busines	S		☐ Operating a	business				
			dar year be December		■ Wages, commission bonuses, tips	S,	\$76,608.00	☐ Wages, combonuses, tips	missions,				
					☐ Operating a busines	S		☐ Operating a	business				
	winnii	ngs. Ì ach s No	f you are fil	ing a joint cas	pensions; rental income; se and you have income to ome from each source sep	nat you rec	eived together, list it	only once under De	ebtor 1.	d gambling and lottery			
					Debtor 1			Debtor 2					
					Sources of income Describe below.	eacl (bef	ss income from h source ore deductions and usions)	Sources of inc Describe below		Gross income (before deductions and exclusions)			
			dar year be December		401(k) loan-Vangua	d	\$20,000.00						
Pa	rt 3:	List	Certain Pa	yments You	Made Before You Filed	for Bankru	ıptcy						
6.	_	i ther No.	Neither De	ebtor 1 nor D	's debts primarily consu bebtor 2 has primarily co personal, family, or hous	nsumer de	ebts. Consumer deb	ts are defined in 11	U.S.C. § 10	1(8) as "incurred by an			
			•	90 days befo	re you filed for bankrupto	y, did you p	ay any creditor a tot	al of \$6,425* or mo	re?				
			□ No.	Go to line 7									
	☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, or not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.									nd alimony. Also, do			
		Yes.			r both have primarily co			al of \$600 or more?)				
			□ No.	Go to line 7	:								
			■ Yes	List below e include pay	each creditor to whom you ments for domestic supporthis bankruptcy case.								
	Cred	ditor'	s Name and	d Address	Dates of pa	yment	Total amount	Amount you	Was this p	payment for			

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	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this p	payment for
	Capital One Auto Finance Po Box 259407 Plano, TX 75025	December and January	\$1,594.68	\$40,806.53	☐ Mortgag ■ Car ☐ Credit (☐ Loan Red ☐ Supplie ☐ Other	Card epayment rs or vendors
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any geno control, or owner of 20% of	eral partners; partner r more of their voting	erships of which y g securities; and	ou are a gene any managing	ral partner; corporations agent, including one for
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason fo	r this payment
	insider? Include payments on debts guaranteed or cos ■ No □ Yes. List all payments to an insider Insider's Name and Address	signed by an insider. Dates of payment	Total amount	Amount you	Reason fo	r this payment
	model o Name and Address	Dates of payment	paid	still owe		ditor's name
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes, Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of t	he case
	FLAGSTAR VS RANKIN C-63-CV-2018-3990	Foreclosure	Washington Co Common Pleas		■ Pendin □ On app □ Conclu	eal
	Allens Feed & Supply LLC, Shasta Allen MJ-27306-CV-0000078-2018	Civil	Magisterial Dis 27-3-06	strict Judge	☐ Pendin☐ On app☐ Conclu	eal
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		rty repossessed, f	oreclosed, garn	ished, attache	ed, seized, or levied?
	Creditor Name and Address	Describe the Property		Dat	e	Value of the
				Jul		property
		Explain what happened				

5.		Case 19-20358-CMB	Doc 1	.9-1 sched		02/26/19 Page 2					Desc
Det	otor 1	Jason L. Rankin					_	Case number	(if known)	19-20358	
11.	accoi	in 90 days before you filed for bar unts or refuse to make a payment No Yes. Fill in the details. ditor Name and Address	because	you ow	ed a del					action was	amounts from your Amoui
12.	court	in 1 year before you filed for bank t-appointed receiver, a custodian, No Yes				property in t	he pos	session of an			efit of creditors, a
Par	t 5:	List Certain Gifts and Contribution	ons								
13.	Gifts	in 2 years before you filed for ban No Yes. Fill in the details for each gift. s with a total value of more than \$ person			give any		total v	value of more t		you gave	? Valu
	Pers	son to Whom You Gave the Gift ar ress:	nd						tile gi	11.5	
14.	I	in 2 years before you filed for ban No Yes. Fill in the details for each gift o			give any	gifts or cor	ntributi	ions with a tota	al value	of more than	\$600 to any charity
	more Char	s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP C		Descr	ibe wha	t you contri	buted		Dates	you ibuted	Valu
Par	t 6:	List Certain Losses									
15.	or ga	in 1 year before you filed for bank imbling? No Yes. Fill in the details.		·							
		cribe the property you lost and the loss occurred	Include	e the am	ount that	ce coverage insurance he 33 of Sche	as paid	d. List pending	Date loss	of your	Value of propert
Par	t 7:	List Certain Payments or Transfe	ers								
16.	cons	in 1 year before you filed for bank ulted about seeking bankruptcy o de any attorneys, bankruptcy petition	r prepari	ing a bar	nkruptcy	petition?					rty to anyone you
	_	No									
		Yes. Fill in the details.		Dogge	intion c	nd value of	any sr	operty	Data	navmont	Amount
	Addı Ema		ı Va	transf		nd value of	any pro	operty		payment nsfer was	paymei

Summit Financial Education, Inc.	Credit Counseling Certificate	January 28, 2019	\$24.95
Steidl and Steinberg P.C. Suite 2830 - Gulf Tower Pittsburgh, PA 15219	\$600.00 attorney fees and \$500.00 administrative costs (includes \$310.00 Court filing fee)	January 30, 2019	\$1,100.00
Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details.									
	Person Who Was Paid Address	Description and v transferred	alue of any prope	rty	Date payment or transfer was made	Amount of payment				
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers mainclude gifts and transfers that you have alread No	usiness or financial affa ade as security (such as t	iirs? he granting of a sec		•					
	☐ Yes. Fill in the details. Person Who Received Transfer Address Description and value of property transferred Describe any property or payments received or debts paid in exchange Date transfer was made Person's relationship to you Describe any property or payments received or debts paid in exchange Date transfer was made									
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		y property to a sel	lf-settled trus	st or similar device	of which you are a				
	Name of trust	Description and v	alue of the proper	ty transferre	d	Date Transfer was made				
Par	8: List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and Stora	ige Units						
20.	Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, associated in the same series of the same series o	or other financial accour	nts; certificates of	•	•					
	Yes. Fill in the details. Name of Financial Institution and	Last 4 digits of	Type of account	or Date	e account was	Last balance				
	Address (Number, Street, City, State and ZIP Code)	account number	instrument	clos	ed, sold, red, or sferred	before closing or transfer				
21.	Do you now have, or did you have within 1 y cash, or other valuables? No Yes. Fill in the details.	year before you filed for	bankruptcy, any s	safe deposit l	box or other depos	itory for securities,				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		escribe the co	ontents	Do you still have it?				
22.	Have you stored property in a storage unit o	or place other than your	home within 1 year	ar before you	ı filed for bankrupto	cy?				
	NoYes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		escribe the co	ontents	Do you still have it?				

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Par	19: Identify Property You Hold or Control for	Someone Else							
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	erty yo	u borrowed from, are storing fo	r, or hold in trust				
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	cribe the property	Value						
Par	t 10: Give Details About Environmental Inform	ation							
For	the purpose of Part 10, the following definitions	apply:							
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	ir, land, soil, surface water, groun							
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	l law, v	whether you now own, operate,	or utilize it or used				
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or	mental law defines as a hazardou	s was	te, hazardous substance, toxic	substance,				
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of whe	n they	occurred.					
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e unde	er or in violation of an environm	ental law?				
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Environmental law, if you Address (Number, Street, City, State and ZIP Code) Date of know it								
25.	Have you notified any governmental unit of any release of hazardous material?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admini	strative proceeding under any env	/ironm	ental law? Include settlements	and orders.				
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natu	ure of the case	Status of the case				
Par	11: Give Details About Your Business or Con	nections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of t	the following connections to an	y business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership								
	☐ An officer, director, or managing execu	tive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation								

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Del	otor 1 Jason L. Rankin	Ca	ase number (if known) 19-20358
	■ No. None of the above applies. Go to	Part 12.	
	☐ Yes. Check all that apply above and fil		
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	ŕ
			Dates business existed
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to a	nyone about your business? Include all financial
	No		
	☐ Yes. Fill in the details below.		
	Name Address	Date Issued	
	(Number, Street, City, State and ZIP Code)		
Pai	t 12: Sign Below		
are with		false statement, concealing property, or	declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both.
	Jason L. Rankin son L. Rankin	Signature of Debtor 2	
	nature of Debtor 1	Signature of Deptor 2	
Dat	February 20, 2019	Date	
Did	you attach additional pages to Your Statem	ent of Financial Affairs for Individuals Filir	ng for Bankruptcy (Official Form 107)?
	lo		
	'es		
Did	you pay or agree to pay someone who is no	t an attorney to help you fill out bankrupto	cy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:								
Debtor 1	Jason L. Rankin							
Debtor 2 (Spouse, if filing)								
United States E	Bankruptcy Court for the: Western District of Pennsylvania							
Case number (if known)	19-20358							

Check	Check as directed in lines 17 and 21:								
According to the calculations required by this Statement:									
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								
	☐ Check if this is an amended filing								

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1:	Calculate Your Average Monthly Income							
1.	What	is your marital and filing status? Check one of	nly.						
	■ No	ot married. Fill out Column A, lines 2-11.							
	□ма	arried. Fill out both Columns A and B, lines 2-11.							
10 the	1(10A) e 6 moi	e average monthly income that you received from al . For example, if you are filing on September 15, the 6- nths, add the income for all 6 months and divide the tota own the same rental property, put the income from that	month per al by 6. Fil	iod would I in the re	l be March 1 throusult. Do not includ	ugh Au de any	gust 31. If the amount m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
						Colui Debt		Column B Debtor 2 or non-filing spouse	
2.		gross wages, salary, tips, bonuses, overtime Il deductions).	, and co	mmissi	ons (before all	\$	8,289.00	\$	
3.		ony and maintenance payments. Do not include nn B is filled in.	e payme	nts from	a spouse if	\$	0.00	\$	
4.	of your	mounts from any source which are regularly push or your dependents, including child supportan unmarried partner, members of your househo commates. Do not include payments from a spousted on line 3.	t. Include ld, your c	e regulai depende	r contributions nts, parents,	\$	0.00	\$	
5.		ncome from operating a business, ssion, or farm	Debtor	1					
	Gross	s receipts (before all deductions)	\$	0.00					
	Ordin	ary and necessary operating expenses	-\$	0.00					
	Net m	nonthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net ir	ncome from rental and other real property	Debtor						
	Gross	s receipts (before all deductions)	\$_	0.00					
	Ordin	ary and necessary operating expenses	-\$	0.00					
	Net m	nonthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debtor '	Jason L. Rankin		Case numbe	r (<i>if known</i>)	19-20358	}	
			Column A		Column B		
			Debtor 1		Debtor 2 o		
7. l i	nterest, dividends, and royalties		\$	0.00	\$		
8. L	Inemployment compensation		\$	0.00	\$		
	On not enter the amount if you contend that the amount received was a benefit ne Social Security Act. Instead, list it here:	under					
	For you\$ 0.0	0_					
	For your spouse \$						
b	Pension or retirement income. Do not include any amount received that was benefit under the Social Security Act.		\$	0.00	\$		
r c	ncome from all other sources not listed above. Specify the source and amonot not include any benefits received under the Social Security Act or payment eceived as a victim of a war crime, a crime against humanity, or international clomestic terrorism. If necessary, list other sources on a separate page and purotal below.	s or					
		_	\$	0.00	\$		
		_	\$	0.00	\$		
	Total amounts from separate pages, if any.	+	\$	0.00	\$		
	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$	8,289.00	+ \$ _			8,289.00 average
Part 2							hly income
12. C	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one:					\$	8,289.00
	You are not married. Fill in 0 below.						
	You are married and your spouse is filing with you. Fill in 0 below.						
	You are married and your spouse is not filing with you.						
	Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's						
	Below, specify the basis for excluding this income and the amount of inco adjustments on a separate page.	me de	voted to each	n purpose	e. If necessary	, list addition	onal
	If this adjustment does not apply, enter 0 below.	Φ.					
		\$ \$		_			
		+\$ 		_			
		· <u> </u>					
	Total	\$	0.0	0 C	opy here=>		0.00
14.	Your current monthly income. Subtract line 13 from line 12.					\$	8,289.00
15.	Calculate your current monthly income for the year. Follow these steps:						
	15a. Copy line 14 here=>					\$	8,289.00
	Multiply line 15a by 12 (the number of months in a year).					x 12	2
	15b. The result is your current monthly income for the year for this part of the	e form.				\$\$	9,468.00

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Debt	or 1	Jaso	on L. Rankin		Case number (if known)	19-20358	
16	. Ca	culate	the median family income that applies to	you. Follow these step:	s:		
	168	a. Fill in	the state in which you live.	PA			
	16k	o. Fill in	the number of people in your household.	1			
	160	To fir	the median family income for your state and a list of applicable median income amount actions for this form. This list may also be available.	s, go online using the li		\$	53,803.00
17		_	ne lines compare?				
	17a	a. L	Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N				
	17k	o. =	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your Dispos			
Par	t 3:	Ca	culate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Со	py you	r total average monthly income from line	1		\$	8,289.00
19.	cor	itend th	e marital adjustment if it applies. If you are talculating the commitment period under an accome, copy the amount from line 13.	married, your spouse 1 U.S.C. § 1325(b)(4)	is not filing with you, and you allows you to deduct part of you	ır	
			marital adjustment does not apply, fill in 0 on	line 19a.		-\$	0.00
	19k	. Subt	ract line 19a from line 18.			\$_	8,289.00
20.	Ca	culate	your current monthly income for the year	Follow these steps:			
	208	а. Сору	line 19b			\$	8,289.00
		Multi	oly by 12 (the number of months in a year).				x 12
	20k	o. The i	result is your current monthly income for the y	ear for this part of the f	orm	\$	99,468.00
	200	:. Сору	the median family income for your state and	size of household from	line 16c	\$	53,803.00
	21.	How	do the lines compare?				
			Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	se ordered by the cour	t, on the top of page 1 of this fo	rm, check box 3,	The commitment
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise ordered	by the court, on the top of pag	e 1 of this form,	check box 4, The
Par	t 4:	Sig	n Below				
	Ву	signing	here, under penalty of perjury I declare that	the information on this	statement and in any attachmen	nts is true and co	rrect.
>	(<u>/</u> s	/ Jasc	n L. Rankin				
	_		Rankin e of Debtor 1				
		J	oruary 20, 2019				
		MM	/ DD / YYYY				
	If y	ou che	cked 17a, do NOT fill out or file Form 122C-2				

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in	this information to	identify your case:						
Debto	r1 Jason L.	Rankin						
Debto (Spou	r 2 se, if filing)							
United	l States Bankruptcy C	ourt for the: Western	District of Pennsylvan	nia				
Case (if kno	number <u>19-20358</u> wn)				☐ Che	eck if this is	an amended	d filing
	<u>I Form 122C-2</u> Ipter 13 Cald	culation of Y	our Disposa	able Ir	ncome			04/16
	out this form, you wi itment Period (Offici		ed copy of <i>Chapter 1</i> 3	3 Stateme	ent of Your Current Montl	nly Income a	nd Calculatio	on of
space	is needed, attach a s		form, Include the line		ther, both are equally res to which additional infor			
Part 1	Calculate Your	Deductions from Yo	ur Income					
the	questions in lines 6	-15. To find the IRS st		ising the I	r certain expense amoun ink specified in the sepa			
exp	enses if they are high	er than the standards.	Do not include any ope	erating exp	ense. In later parts of the fo penses that you subtracted income in line 13 of Form	from income	ise some of you	our actual I 6 of Form
If yo	our expenses differ fro	m month to month, en	ter the average expens	se.				
Not	e: Line numbers 1-4 a	are not used in this form	n. These numbers appl	ly to inform	nation required by a similar	form used in	chapter 7 cas	ses.
5.	The number of peo	ple used in determin	ing your deductions f	from inco	me			
	plus the number of a				ederal income tax return, aber may be different from		1	
Nat	ional Standards	You must use the	e IRS National Standar	ds to answ	ver the questions in lines 6	-7.		
6.			he number of people yo , clothing, and other ite		I in line 5 and the IRS Nation	onal	\$	647.00
7.	the dollar amount fo people who are 65 c	r out-of-pocket health o or olderbecause older	care. The number of pe	eoplé is spl IRS allowa	ntered in line 5 and the IRS lit into two categoriespeo ance for health car costs. If 22.	ple who are ι	ınder 65 and	

Official Form 122C-2

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eople v									
	who are under 65 years of age								
7a.	Out-of-pocket health care allowance per person	\$	52						
7b.	Number of people who are under 65	X	1						
7c.	Subtotal. Multiply line 7a by line 7b.	\$	52.00	С	opy here=>	\$	52.00)	
eople v	who are 65 years of age or older								
7d.	Out-of-pocket health care allowance per person	\$	114						
7e.	Number of people who are 65 or older	Χ	0						
7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	С	opy here=>	\$	0.00	<u> </u>	
7g.	Total. Add line 7c and line 7f			\$ 5	2.00	Сор	y total here	=>	52.00
ocal St	andards You must use the IRS Local Standards t	to answe	er the questic	ons in lines 8	3-15.			_	
	n information from the IRS, the U.S. Trustee Protect purposes into two parts:	gram ha	s divided th	ne IRS Loca	l Standard	for hou	sing for		
Hous	ing and utilities - Insurance and operating exper	ises							
Hous	ing and utilities - Mortgage or rent expenses								
eparate	instructions for this form. This chart may also be				-11				
. Hou in th	using and utilities - Insurance and operating expone dollar amount listed for your county for insurance	enses: L	Jsing the nui	mber of peo			ne 5, fill	\$	504.0
. Hou in th	using and utilities - Insurance and operating exp	enses: L	Jsing the nui	mber of peo			ne 5, fill	\$	504.0
in th	using and utilities - Insurance and operating expone dollar amount listed for your county for insurance	enses: L and ope fill in the	Jsing the nui erating expen	mber of peopers			ne 5, fill	\$	504.0
in the Hou	using and utilities - Insurance and operating exponse dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5,	enses: L and ope fill in the es.	Jsing the nui rating expen dollar amou	mber of peo ises.	ple you ente	ered in lii	•	\$	504.0
in the House House 9a.	using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.	enses: L and ope fill in the es. and other	Using the nuiterating expending dollar amount debts secundents that a	mber of peopleses. Interpretation o	ple you ente	ered in lii	•	•	504.0
in the House House 9a.	using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expense. Total average monthly payment for all mortgages are calculate the total average monthly payment, a contractually due to each secured creditor in the 6	enses: L and ope fill in the es. and other dd all am 0 months	Using the nuiterating expending dollar amount debts secundents that a	mber of peo nses. nt ired by your ire le	ple you ente	ered in lii	•	•	504.0
in the House House 9a.	using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expense. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.	enses: L and ope fill in the es. and other dd all am 0 months	Jsing the nuiterating expended dollar amount of debts secund and the secundary for t	mber of peo nses. nt ired by your ire le	ple you ente	ered in lii	•	\$ 	504.0
in the Hou	using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.	enses: L and ope fill in the es. and other dd all am 0 months	Jsing the nuiterating expended dollar amount of debts secund and the secundary for t	nt red by your releenthly	ple you ente	ered in lii	•		
Hou in th Hou 9a.	using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.	enses: L and ope fill in the es. and other dd all am 0 months A p \$	Jsing the nuiterating expension dollar amounts that as after you fill average more ayment	nt irred by your irre le inthly	ple you ente	ered in lii	•	- R	epeat this amour
Hou in the Hou 9a. 9b.	using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expense. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Flagstar Bank	enses: L and ope fill in the es. and other dd all am 0 months A p \$	Jsing the nuiterating expension dollar amounts that as after you fill average more ayment	nt irred by your irre le inthly	home.	s	819.00	- R	epeat this amour
Hou in the Hou 9a. 9b.	using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expense. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Flagstar Bank 9b. Total average monthly payment	enses: L and ope fill in the es. and other dd all am 0 months A pr	Jsing the nuiterating expension dollar amounts that a safter you fill average more ayment 8	mber of peoleses. Int Ired by your Ired b	home.	s	819.00 890.0	0 R o	epeat this amour
9b. Hou 9 a. 9b.	using and utilities - Insurance and operating expine dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, listed for your county for mortgage or rent expense. Total average monthly payment for all mortgages at To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. Name of the creditor Flagstar Bank 9b. Total average monthly payment Net mortgage or rent expense. Subtract line 9b (total average monthly payment) for the formula for the secured creditor average monthly payment) for the formula for th	enses: L and ope fill in the es. and other dd all am 0 months A p s rom line ster \$0.	Jsing the nuiterating expendent dollar amount of debts secund nounts that as after you fill average more ayment 8	mber of peoleses. Int Irred by your Irred le Inthly Igo.00 Igo.0	home.	\$	890.0 0 Copy	0 R o	epeat this amourn line 33a.

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Jason L. Rankin 19-20358 Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 230.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. **Describe Vehicle 1:** Vehicle 1 2018 Chevrolet Silverado Monthly payment \$797.34 13a. Ownership or leasing costs using IRS Local Standard..... 497.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **Capital One Auto Finance** 790.00 Repeat this Copy amount on line 33b. **Total Average Monthly Payment** 790.00 790.00 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Сору Repeat this here amount on line Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may

also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Jason L. Rankin Case number (if known) 19-20358

	• •	n addition to the expense on the following IRS categories		s listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, socia	al security taxes, and Medic wever, if you expect to rece m the total monthly amount	are taxes	s. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes.	\$	2,161.00
17.	Involuntary deductions: The contributions, union dues, are		uctions th	at your job re	quires, such as retirement		
			b, such a	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.			\$	25.00		
19.	 Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 			\$	404.00		
20.	Education: The total monthl	y amount that you pay for e	education	that is either i	required:		
	as a condition for your job	o, or					
	for your physically or mentally challenged dependent child if no public education is available for similar services.				\$	0.00	
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.			\$	0.00		
22.	2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.					0.00	
	Payments for health insuran	•				\$	0.00
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.					+\$	20.00
24.	Add all of the expenses all Add lines 6 through 23.	owed under the IRS expe	nse allov	vances.		\$	4,043.00
ام ام					Manua Tant		
Add	itional Expense Deductions	These are additional d Note: Do not include a					
	Health insurance, disability	Note: Do not include a y insurance, and health sa	ny expen avings a	se allowances		r	
	Health insurance, disability insurance, disability insurance	Note: Do not include a y insurance, and health sa	ny expen avings a	se allowances	s listed in lines 6-24. ses. The monthly expenses for health	r	
	Health insurance, disability insurance, disability insurance, disability insurance your dependents.	Note: Do not include a y insurance, and health sa	ny expen avings ac ounts that	se allowances ccount expen are reasonab	s listed in lines 6-24. ses. The monthly expenses for health	r	
	Health insurance, disability insurance, disability insurance, our dependents. Health insurance	Note: Do not include a y insurance, and health sace, and health savings acco	ny expen avings ac ounts that	se allowances count expen are reasonab 442.00	s listed in lines 6-24. ses. The monthly expenses for health	r	
	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance	Note: Do not include a y insurance, and health sace, and health savings acco	avings acounts that	se allowances ccount expen are reasonab 442.00 76.00	s listed in lines 6-24. ses. The monthly expenses for health	r \$\$	578.00
	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account	Note: Do not include a prinsurance, and health sace, and health savings according to the savings	avings acounts that \$ \$	ccount expenare reasonab 442.00 76.00 60.00	s listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o		578.00
	Health insurance, disability insurance disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to	Note: Do not include a prinsurance, and health sace, and health savings according to the savings	avings acounts that \$ \$	ccount expenare reasonab 442.00 76.00 60.00	s listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o		578.00
	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reason	Note: Do not include a y insurance, and health sa be, and health savings according otal amount? u actually spend? The care of household of mable and necessary care a of your immediate family wh	suny expensions avings accounts that \$ \$ family reand supple to is unable.	se allowances ccount expen are reasonab 442.00 76.00 60.00 578.00 nembers. The ort of an elder alle to pay for s	c actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may		578.00
25.	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you Yes Continued contributions to continue to pay for the reason your household or member of include contributions to an are Protection against family were not insurance.	Note: Do not include a prinsurance, and health sace, and health savings according to the care of household on the care of household on the care of household on the care of your immediate family who count of a qualified ABLE priolence. The reasonably note that the care of your immediate family who count of a qualified ABLE priolence. The reasonably note that the care of your immediate family who count of a qualified ABLE priolence.	sunts that \$ \$ r family r and supple is unab program. eccessary	se allowances count expen are reasonab 442.00 76.00 60.00 578.00 members. The ort of an elder le to pay for s 26 U.S.C. § 5 monthly expe	c actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	

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ebtor 1	Jason L. Rankin		Case number (if kno	own)	19-2	0358			
	Additional home energy costs. Your homine 8.	e energy costs are included in your insur	ance and operat	ing	expense	es on			
	If you believe that you have home energy on the fill in the excess amount of home er		costs included in	n ex	penses	on line	€		
	You must give your case trustee document amount claimed is reasonable and necessa		ust show that the	e ad	ditional		\$	i	0.00
:	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The mor pendent children who are younger than 1	nthly expenses (r 8 years old to at	not r ttend	nore tha d a priva	in ite or			
	You must give your case trustee document claimed is reasonable and necessary and r		ust explain why	the a	amount				
,	* Subject to adjustment on 4/01/19, and evo	ery 3 years after that for cases begun on	or after the date	of a	djustme	nt.	\$		0.00
l	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standard							
	To find a chart showing the maximum additinstructions for this form. This chart may als			ера	rate				
•	You must show that the additional amount	claimed is reasonable and necessary.					\$	·	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organizations.		ite in the form of	cas	h or fina	incial			
I	Do not include any amount more than 15%	of your gross monthly income.					\$		0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.					\$		578.00
Dedu	ctions for Debt Payment								
33. F	or debts that are secured by an interest	in property that you own, including ho	me mortgages,	veh	icle				
lo	pans, and other secured debt, fill in lines	33a through 33e.							
	o calculate the total average monthly paym reditor in the 60 months after you file for ba		y due to each se	ecure	ed				
	Mortgages on your home							rage i	monthly
33a.	Copy line 9b here					=>	\$	mem	890.00
	Loans on your first two vehicles						· –		
33b.						=>	\$		790.00
							Ψ_		
33c.	Copy line 13e nere					=>	5 _		0.00
33d.	List other secured debts:								
Name	e of each creditor for other secured debt	Identify property that secures the debt		incl	es paym ude taxe nsurance	es			
					No	.			
	-NONE-								
	-NONE-				Yes		\$ _		
					No				
					Yes		\$		
					No				
					Yes	+	\$ _		
						Copy	,		
33e	Total average monthly payment. Add lines	33a through 33d	\$1	,68	0.00	here=	=> \$	S	1,680.00

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Jason L. Rankin 19-20358 Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount 397 Washington Pike Avella, PA 15312 **Washington County** Debtor acquired the property by deed in Novemeber 2017. Monthly payment \$890.00 Arrears **20.000.00** ÷ 60 = \$ Flagstar Bank 333.33 \$20,000.00 \$ \$ $\div 60 = $$ \$ $\div 60 = +$ \$ Copy total 333.33 Total \$ 333.33 here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. The second secon ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷ 60 0.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 2,013.33 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4,043.00 expense allowances Copy line 32, All of the additional expense deductions 578.00 Copy line 37, All of the deductions for debt payment 2,013.33

6,634.33

Copy total here=>

Total deductions.....

6,634.33

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Debtor 1	Jason L. Rank	ın		_	Case	number	(if known) 19	9-20358	
Part 2:	Determine You	r Disposable Income Under 11 L	J.S.C. § 1325	(b)(2)					
		ent monthly income from line 14 Current Monthly Income and Calo						\$	8,289.00
child disab recei	dren. The monthle bility payments for ived in accordance i	ly necessary income you receive y average of any child support pay or a dependent child, reported in Pa ce with applicable nonbankruptcy l anded for such child.	ments, foster art I of Form 1	care payments 122C-1, that you	, or	\$	0	.00	
empl in 11	loyer withheld fro	etirement deductions. The month of m wages as contributions for quality (7) plus all required repayments of § 362(b)(19).	fied retiremer	nt plans, as spe	cified	\$_	943	.00	
42. Total	l of all deduction	ns allowed under 11 U.S.C. § 70	7(b)(2)(A). Co	opy line 38 here	=>	\$	6,634	.33	
expe their	enses and you ha expenses. You r	al circumstances. If special circurure no reasonable alternative, described give your case trustee a detail ocumentation for the expenses.	ribe the spec	cial circumstance					
Describe	e the special cir	cumstances		Amount of	exper	nse			
_				\$					
_				\$					
_				\$					
			Total \$	0.	00	Copy here=		0.00	
44. Tota	ıl adjustments. <i>F</i>	Add lines 40 through 43.		=	> \$		7,577.33	Copy here=> -\$	7,577.33
45. Calc	-	thly disposable income under §	1325(b)(2). S	subtract line 44 f	rom lin	ne 39.		\$	711.67
have time you f	e changed or are your case will be filed your petition	r expenses. If the income in Form virtually certain to change after the open, fill in the information below., check 122C-1 in the first column, in when the increase occurred, and	date you file For example enter line 2 in	ed your bankrupt e, if the wages re n the second co	cy pet ported lumn,	ition a	nd during the ased after		
Form	Line	Reason for change		Date of ch	ange		ncrease or ecrease?	Amount of c	hange
☐ 122C- ☐ 122C- ☐ 122C- ☐ 122C- ☐ 122C- ☐ 122C- ☐ 122C- ☐ 122C-	2 1 1 1						Increase Decrease Increase Decrease Increase Decrease Increase Decrease Decrease Decrease Decrease	\$ \$ \$	

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Debtor 1	Jason L. Rankin	Case number (if known)	19-20358
Part 4:	Sign Below		
_			
	sy signing nere, under penaity of perjury you decla	are that the information on this statement and in any att	achments is true and correct.
X	/s/ Jason L. Rankin		
	Jason L. Rankin Signature of Debtor 1		
Date	February 20, 2019		
	IVIIVI / UU / Y Y Y Y		
Date	Signature of Debtor 1		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	_
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-20358-CMB Doc 19-1 Filed 02/26/19 Entered 02/26/19 10:19:24 Desc schedules Page 47 of 49

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

In re	Jason L. Rankin		Case No.	19-20358	
		Debtor(s)	Chapter	13	

	Debtor(s)	Chapter		
	DISCLOSURE OF COMPENSATION OF ATTORNEY	FOR DE	CBTOR(S)	
1.	1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy can be seen that the same of the debtor	d to be paid	to me, for services	
	For legal services, I have agreed to accept \$		4,000.00	
	Prior to the filing of this statement I have received \$		600.00	
	Balance Due \$		3,400.00	
2.	2. \$ 310.00 of the filing fee has been paid.			
3.	3. The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	4. The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	5. I have not agreed to share the above-disclosed compensation with any other person unless the	y are meml	pers and associates	of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are no copy of the agreement, together with a list of the names of the people sharing in the compensation.			law firm. A
6.	6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the ba	ankruptcy c	ase, including:	
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining to. b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be recovered. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjud. [Other provisions as needed] Meeting with client, analysis of the problems, preparation and filing of the 	equired; ourned hear	rings thereof;	• •
	341 Meeting, normal correspondence with creditors, trustees, and clients. preparation of a Plan, attendance at the confirmation hearing, and reconcil	In Chapte	r 13 cases, it als	o includes
7.	7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Unless specifically noted above or in a separate written fee agreement, ser documents or attendance at hearings associated with objections to claims stay, amended Chapter 13 plans in response to motions to allow claims by amended Chapter 13 plans in response to post-petition changes in regular applications for counsel fees, motions and amended plans pursuant to post motions filed by creditors or the Chapter 13 trustee, responses to Chapter	s, respons utility co monthly st-petition	es to motions fo mpanies or othe mortgage payme financing, respo	r relief from r claimants, ents, onses to any

responses to motions to dismiss filed by creditors or the Chapter 13 trustee, complaints objecting to secured status, motions to allow the sale of property, amended Chapter 13 plans prepared at the client's request due to post-confirmation changes in circumstances, amendments to the debtor's schedules to add creditors not initially disclosed by the client, loss mitigation, and any other work performed by counsel above and beyond the services included in paragraph 6 above. Should any of the aforementioned issues arise during the case, or any other additional work become necessary, client shall be responsible for incurred fees and costs at the time said services become necessary at a rate of between \$250.00 per hour and \$350.00 per hour depending on the rate of the attorney performing the service. The rates of \$250.00 per hour to \$350.00 per hour may be increased up to 10% per year after the filing of the Chapter 13 case. The rate for work performed by a paralegal is \$150.00 per hour subject to a 10% increase per year after filing. Any additional fees that may be charged are subject to the approval of the Bankruptcy Court.

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In re	Jason L. Rankin Case No.		19-20358
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

707 Grant Street
Pittsburgh, PA 15219-1908
412-391-8000 Fax: 412-391-0221
kenny.steinberg@steidl-steinberg.com

Name of law firm

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United States Bankruptcy Court Western District of Pennsylvania

In re	Jason L. Rankin		Case No.	19-20358
		Debtor(s)	Chapter	13

	VER	IFICATION OF CREDITOR MATRIX
The ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and correct to the best of his/her knowledge.
Date:	February 20, 2019	/s/ Jason L. Rankin Jason L. Rankin